

HEALTH & WELFARE

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626

FAX 208-364-1888

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director

October 21, 2008

Susan Broetje Idaho State School And Hospital 1660 Eleventh Avenue North Nampa, Idaho 83687

Provider #13G001

Dear Ms. Broetje:

On August 29, 2008, a complaint survey was conducted at Idaho State School And Hospital. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003749

Allegation #1: Body checks are not conducted on individuals after they engage in elopement behavior.

Findings:

An unannounced on-site complaint investigation was conducted from 8/25/08 through 8/29/08. During that time, review of individuals' records, observations, and interviews with facility staff were completed with the following results:

No less than 10 individuals were selected for review. Ten individuals' records documented they (the individuals) engaged in elopement behavior. The individuals' Behavior Reporting Forms (BRFs), dated 8/5/08 - 8/25/08, were compared to their medical records which showed head-to-toe body checks were conducted after the individuals engaged in elopement behavior. One individual's record showed he refused to allow the nurse to complete the check after the elopement but the body check was completed the following morning.

Additionally, individuals were not noted to engage in elopement behavior during no less than 5 hours and 27 minutes of observation. Interviews were conducted with direct care and nursing staff throughout the investigation.

Susan Broetje October 21, 2008 Page 2 of 4

All staff reported that it was a standard procedure to complete a body check after individuals eloped from the living unit or facility.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: The facility's abuse policy does not address procedures to be followed if the alleged staff is the Administrator or Program Director.

Findings: An unannounced on-site complaint investigation was conducted from 8/25/08 through 8/29/08. During that time, review of the facility's policies and procedures and interviews with facility staff were completed with the following results:

The facility's Abuse Prevention policy, dated 4/11/08, did not include procedures to be followed if the Administrator was the staff person accused of abuse. Therefore, the policy did not identify who was responsible to perform no less than 7 duties that were assigned to the Administrator including immediate notification, determining whether abuse occurred based on the investigation report, ensuring appropriate corrective action was taken, working with outside providers, getting the written report, notifying personnel to return to work, and concluding the investigation.

When asked, the Administrator stated during an interview on 8/24/08 from 12:00 - 12:35 p.m., the abuse policy did not cover procedures to be followed if the Administrator was the staff person accused of abuse but the allegation would be called in to her supervisor.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #3: Guardians may not have any information about other individuals who reside at the facility and are not allowed to have free access to individuals' records.

Findings: An unannounced on-site complaint investigation was conducted from 8/25/08 through 8/29/08. During that time, review of the facility's policies and procedures and interviews with facility staff were completed with the following results:

The facility's Client Requests to Review and Copy Their Own Information policy, dated 4/18/06, included procedures to be followed when requesting information. The facility's newsletter, dated 8/22/08, contained an article that referenced the policy and stated guardians could not have unsupervised access to any records and could not have information about other clients that reside at the facility.

Susan Broetje October 21, 2008 Page 3 of 4

When asked, the Administrator stated during an interview on 8/24/08 from 12:00 - 12:35 p.m., the Client Requests to Review and Copy Their Own Information policy was in process of being revised to ensure all individuals' records were kept secure and individuals' rights to privacy and confidentiality were upheld.

Conclusion: Substantiated. No deficiencies related to the allegation are cited.

Allegation #4: The HRC members' affiliation with administrative staff presents a conflict of interest.

Findings: An unannounced on-site complaint investigation was conducted from 8/25/08 through 8/29/08. During that time, the facility's Human Rights Committee and interviews with facility staff were completed with the following results:

During the entrance conference on 8/25/08 from 10:15 - 10;35 a.m., the Administrator and Program Director were asked about the facility's Human Rights Committee. The Administrator stated the HRC's role had been expanded to include a sub-committee and collectively it would be a community-based committee to eliminate conflicts of interest.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #5: Individuals elope from the facility.

Findings: An unannounced on-site complaint investigation was conducted from 8/25/08 through 8/29/08. During that time, review of the facility's policies and procedures, Significant Event Reports, Minor Injury reports, investigations, individuals' records, observations, and interviews with facility staff were completed with the following results:

The facility's policies, titled Abuse Prevention (dated 4/11/08), Enhanced Supervision (dated 4/22/08), and Client Significant Event Reporting (dated 1/4/08) were compared and found to be inconsistent with each other. Collectively, the policies allowed individuals to be out of sight and unsupervised from 5 to 15 minutes with no requirement to report, document, or investigate the incident(s), depending on whether the individual eloped from the area, eloped from the campus, or was left unattended. For example, the Enhanced Supervision policy stated staff in the area were to know where the individual was at all times. However, the Client Significant Event Reporting policy stated the individual had to be missing 15 minutes or longer before it had to be reported. Neither of the two policies met the definition of neglect identified in the Abuse Prevention policy.

No less than 10 individuals were selected for review. Ten of the individuals' records documented they (the individuals) engaged in elopement behavior with the following results:

- One individual eloped from the campus the evening of 8/21/08 and was missing for no less than 1 hour 40 minutes. An investigation was not conducted.
- One individual eloped from the living unit and was missing for approximately 1 hour 13 minutes. The incident was not thoroughly investigated and appropriate corrective action was not taken. Further, the individual did not have a functional assessment, objective, or plan related to elopement behavior.
- One individual engaged in elopement behavior. The individual did not have a functional assessment, objective, or plan related to elopement behavior.

Interviews were conducted with direct care and management staff throughout the investigation. Direct care staff reported individuals eloped from the living unit or facility. Management staff reported some of the individuals did not have functional assessments, objectives, or plans related to elopement behavior.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

MONICA WİLLIAMS Health Facility Surveyor

f heren for

Non-Long Term Care

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

MW/mlw



HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

October 27, 2008

Susan Broetje, Administrator Idaho State School & Hospital 1660 11th Avenue North Nampa, ID 83687

Re:

Informal Dispute Resolution Conference, October 22, 2008

Idaho State School & Hospital

Dear Ms. Broetje:

Attached are the findings of the Informal Dispute Resolution Panel's decision.

Enclosed you will find the amended survey report. Please resubmit the facility's Plan of Correction for the remaining deficiencies and return the 2567 to this office by November 10, 2008. This will become the facility's survey of record.

Should you have any questions or concerns please do not hesitate to contact me at (208) 334-6626. Thank you for your participation in this process.

Sincerely,

DEBRA RANSOM, R.N., R.H.I.T

Chief

Bureau of Facility Standards

DR/lj

Enclosures



DIRK KEMPTHORNE – Governor KARL B. KURTZ – Director

Sue Broetje –Acting Administrative Director IDAHO STATE SCHOOL AND HOSPITAL Idaho Developmental Resource Center 1660 11TH Avenue North Nampa, Idaho 83687-5000 PHONE 208-442-2812 Fax 208-467-0965 EMAIL broetjes@idhw.state.id.us

November 6, 2008

Debbie Ransom, R.N., R.H.I.T. Bureau Chief Bureau of Facility Standards 3232 Elder Street Boise, ID 83720-0036 RECEIVED

NOV 10 2008

FACILITY STANDARDS

RE: Idaho State School and Hospital, Provider #13G001

Dear Ms. Ransom:

Enclosed you will find the Plan of Correction you asked us to resubmit for the 8/29/08 amended survey report.

If you have any questions, please call me at 442-2812.

Sincerely,

Susan Broetje

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Administrative Director

Idaho State School & Hospital

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PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | IPLE CONSTRUCTION | (X3) DATE S COMPLI | |
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| , | the Informal Disput | rates changes resulting from te Resolution (IDR) process. tiencies were cited during the ation. | | | | | |
| .52 | | | | | | | |
| | are: BRF - Behavior Re CFA - Comprehens DCS - Direct Care DON - Director of I HIS - Human Intera HRC - Human Rigi IED - Intermittent E IEP - Individual Ed | sive Functional Assessment Staff Nursing action System hts Committee Explosive Disorder ucational Plan | | | RECEIVE NOV 10 2008 | | |
| | Resolution PCP - Person Cen PRN - As Needed | hout Permission on, Plan of Action, Follow-up, tered Plan natic Stress Disorder Viental Retardation | | | FACILITY STANDARI |)S | |
| W 104 | WIC - Written Infor | med Consent | W | 104 | | g e | 10/2/08 |
| | | y must exercise general policy, ing direction over the facility. | | | | | |
| LABORATOR' | i Y DIREC ∕O R'S QR PROVI | DER/SUPPLIER REPRESENTATIVE'S SIGI | NATURE | | TITLE | | (X6) DATE |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | Based on record re was determined the failed to take action systematic problem the facility. This fail 17 individuals (Individuals (Individuals (Individuals (Individuals not bein protected and not reservices in accorda facility being found (3) Conditions of Painclude: 1. The facility's Abut 4/11/08, did not incif the Administrator of abuse. Therefor who was responsibe duties that were as including immediate whether abuse occinvestigation report corrective action was providers, getting the personnel to return investigation. When asked, the Ainterview on 8/24/0 abuse policy did no followed if the Administrator of abuse occinvestigation. | description of the cover procedures to be inistrator stated during an a from 12:00 - 12:35 p.m., the tower procedures to be inistrator was the staff person but the allegation would be | | | | | |

PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391

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| | (dated 4/11/08), En 4/22/08), and Clien (dated 1/4/08) were inconsistent with eapolicies allowed inconsistent investigate the incite the individual elope the campus, or was The Abuse Prevenstated "Neglect is the services necessary mental anguish." En Failure to report a exploitation, neglect follow enhanced sufficient the person is at all the person is at all thowever, the Clien policy, dated 1/4/08 from the area or calless than 15 minute SER and notify the was out of sight 15 reported as potential. | cies, titled Abuse Prevention ahanced Supervision (dated to Significant Event Reporting ecompared and found to be ach other. Collectively, the dividuals to be out of sight ed from 5 to 15 minutes with the to report, document, or dent(s), depending on whether ed from the area, eloped from the area, eloped from the left unattended, as follows: Ition policy, dated 4/11/08, the failure to provide goods and to avoid physical harm or examples of neglect included my suspected abuse, et, or threat" and "Failure to upervision guidelines." Dervision policy, dated 4/22/08, in the area must know where times" It Significant Event Reporting and was out of sight for es, staff were to complete an endaministrator. If an individual minutes or longer, it was to be fall neglect. The Client deporting policy did not meet | | | | | |
| | the definition of ne Prevention policy of policy. Further, the Client | glect identified in the Abuse or the Enhanced Supervision Significant Event Reporting ndividual did not have | | | | | |

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PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

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| W 104 | independent travel restroom or isolate unattended 5 minu be completed. The procedures to be for have independent a restroom or isola unattended for less. For example, Individual #1 local bowling alley 9:31 - 9:34 p.m., a QMRP stated she with staff the event the QMRP stated the QMRP stated the cumented and suppose to be documented an | or required supervision in a d area, and was left tes or longer, an SER was to e policy did not include ollowed if an individual did not travel or required supervision in ted area and was left than 5 minutes. idual #13's QMRP reported on 8/28/08 from 10:00 - 10:30 3 was left unattended at a on 8/21/08 from approximately total of three (3) minutes. The discovered this while speaking ing of 8/27/08. When asked, the incident had not been he was not sure how that was | W | 104 | | | |

Facility ID: 13G001

FORM CMS-2567(02-99) Previous Versions Obsolete

PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

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| W 104 | investigation initiate rule. Additionally, the Clipolicy stated if the lunaware that an incexceeded 15 minut reported as potenti were aware that an for 15 minutes or lenglect which did neglect identified in or the Enhanced St. The facility failed to procedures were all individuals were free from potential. 3. The governing boperating direction continued correction to the failure to ensubjected to neglect facility was previous annual recertification follow up survey dated 8/1/036/19/06, a follow up recertification survey. 4. The governing boperating direction continued correction to the failure to ensufficiently coordinated to the failure to ensufficiently coordinated. The facility coordinated correction to the failure to ensufficiently coordinated. | ent Significant Event Reporting ength of time that staff were dividual was unsupervised and es, the incident was to be all neglect. As stated, if staff individual was unsupervised es, it would not be considered ot meet the definition of the Abuse Prevention policy upervision policy. The ensure policies and dequately developed to ensure appropriately supervised and neglect. The end of past deficiencies related ever individuals were not ext and/or mistreatment. The sly cited at W122 during an ensurey dated 3/8/02, a sted 6/28/02, a complaint 4/24/03, a recertification survey dated 8/28/06, and a ey dated 3/17/08. The end of past deficiencies related ever individuals were not extra end/or mistreatment. The sly cited at W122 during an ensurvey dated 3/8/02, a complaint 4/24/03, a recertification survey dated 8/28/06, and a ey dated 3/17/08. The end of past deficiencies related ever individuals' services were ented and monitored by the end of past very outled at W159 entered at W159 | W | 104 | | | |
| | auring a follow up s | survey dated 11/8/02, a | | | | | |

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| W 104 | complaint investigar recertification surves survey dated 5/5/04 8/26/04, a recertification surver recertification surversurvey dated 8/28/05 dated 9/20/06, a recertification are easily of the failure to ensplans included suff facility was previous follow up survey dated 8/1/05/5/04, a follow up recertification surver survey dated 8/1/05/04, a follow up recertification surversurvey dated 8/28/05/04, a follow up recertification surversurvey dated 8/28/05/04, a follow up recertification surversurvey dated 8/1/08. 6. The governing both operating direction continued correction to the failure to enspect of the fai | tion dated 4/24/03, a by dated 8/1/03, a follow up at a follow up survey dated ation survey dated 8/27/04, a by dated 3/29/05, a by dated 6/19/06, a follow up 06, a complaint investigation certification survey dated artification survey dated by failed to provide sufficient over the facility to ensure of past deficiencies related our program implementation cient direction to staff. The say cited at W234 during a sted 11/8/02, a recertification as a follow up survey dated survey dated 8/26/04, a by dated 3/29/05, a by dated 6/19/06, a follow up 06, and a recertification survey body failed to provide sufficient over the facility to ensure of past deficiencies related our programs described in | W 1 | 104 | | | |

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| W 104 | recertification surve 7. The governing be operating direction continued correction to the failure to ensinterventions were informed consent of facility was previou follow up survey da dated 8/26/04, a fo | by dated 3/17/08. Ody failed to provide sufficient over the facility to ensure of past deficiencies related our intrusive and/or restrictive conducted only with the written of individuals' guardians. The saly cited at W263 during a sted 5/5/04, a follow up survey flow up survey dated 8/28/06, a say dated 4/18/07, and a | W 104 | | | |
| W 153 | operating direction continued correction to the failure to ensof behavior modifying previously cited at survey dated 3/8/03/4/24/03, a recertification survey dated 8/28/03/24/24/03, a recertification survey dated 9/20/06, a recertificand a follow up survey dated up survey dated 9/20/06 and a follow up survey dated up survey dated 9/20/06, a recertificand a follow up survey dated | ody failed to provide sufficient over the facility to ensure of past deficiencies related sure plans incorporated the useing drugs. The facility was W312 during a recertification 2, a complaint survey dated sation survey dated 3/29/05, a sey dated 6/19/06, a follow up 06, a complaint investigation certification survey dated sation survey dated 3/17/08, vey dated 5/1/08. | W 153 | | | |
| | mistreatment, neglinjuries of unknowr immediately to the | nsure that all allegations of ect or abuse, as well as n source, are reported administrator or to other nce with State law through ures. | | | | |
| | This STANDARD | is not met as evidenced by: | | | | |

PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | COMPLET | ED |
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| W 153 | Based on record rewas determined the allegations of negle injuries of unknown reported to the Adrindividuals (Individuals | eview and staff interviews, it e facility failed to ensure all ect and/or mistreatment and norigin were immediately ministrator for 3 of 13 uals #13, #14, and #16) for its occurred. This resulted ingoing neglect and/or njuries of unknown origin to opriate corrective action being sinclude: QMRP reported during an 8 from 10:00 - 10:30 a.m., left unattended at a local 21/08 from approximately 9:31 of three (3) minutes. The discovered this while speaking ing of 8/27/08. Clinician stated during an 8 from 4:32 - 4:45 p.m., uld be within staff's "line of community. Additionally, when tional Supervisor stated during 28/08 from 4:10 - 4:21 p.m., uld be in "line of sight" of staff ength while in the community. ated Individual #13's risk level end was high due to his lack of gramming related to his sexual vey team received a facsimile 8/29/08 at 4:09 p.m., which #13 was assessed on 8/28/08 | W | 153 | | | |

Facility ID: 13G001

FORM CMS-2567(02-99) Previous Versions Obsolete

PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391

| STATEMENT AND PLAN O | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | IPLE CONSTRUCTION NG | (X3) DATE SU COMPLE | TED |
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| W 153 | Continued From pa | age 8 | W | 153 | 3 | | |
| | The facility failed to immediately notifie unattended at a loo | o ensure the Administrator was d when Individual #13 was left cal bowling alley. | | | | | |
| | documented Indiviunknown cause. I scratched self' on including 8/13/08, 8/13/08 and the 8/ on his head, and the on his face. No unknown injuries v | ncident Report, dated 8/13/08, dual #14 had three injuries of The Report stated he "possibly no less than three occasions 8/16/08, and 8/17/08. The 16/08 injuries were noted to be the 8/17/08 injury was noted to be of other details related to the evere included in the Report. | | | | | |
| | interview on 8/28/0 Individual #14's inj | QMRP stated during an 08 from 2:50 - 3:40 p.m., juries had not been reported to because they were minor | | | | | |
| | | o ensure the Administrator was ed of Individual #14's injuries. | | | | | |
| | documented Indivi unknown cause. [sic] scratched sel shoulder on 8/20/0 details related to the included in the Re | ncident Report, dated 8/20/08, idual #16 had an injury of The Report stated he "possibley f" on his torso and right 08 during the night. No other he unknown injuries were port. Further, there was no histrator notification. | | | | | |
| | interview on 8/28/0 Individual #16's in | QMRP stated during an 08 from 2:50 - 3:40 p.m., juries had not been reported to because they were minor. | | | | | |

Facility ID: 13G001

| | PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING | | _ c | C | | | |
|--------------------------|--|---|-------------------|---|---|--------|--|
| | | 13G001 | D. VVII | | | 08/29 | /2008 |
| 7 - 7 - 1 - 1 - 1 | ROVIDER OR SUPPLIER | HOSPITAL | | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 60 ELEVENTH AVENUE NORTH AMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | 1 | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 153 | Continued From pa | age 9 | W | 153 | | | |
| W 154 | immediately notifie | o ensure the Administrator was d of Individual #16's injuries. FF TREATMENT OF | W | 154 | | | A CONTRACTOR OF THE CONTRACTOR |
| | | ave evidence that all alleged oughly investigated. | | *************************************** | | , | |
| | Based on review of reports, and staff in facility failed to ensure and injuries of unkninvestigated for 5 cm #3, #11, #14, and soccurred. This results in the stage of the sta | is not met as evidenced by: f investigations, minor injury nterviews it was determined the sure all allegations of neglect nown origin were thoroughly of 13 individuals (Individuals #1, #16) for whom such incidents sulted in an absence of gation and follow up to the dings include: | | | | | |
| | | PCP, dated 2/12/08, year old female diagnosed with ation. | | | | | |
| | on 7/23/08, Individed that her right foot is and she wanted to documented the concept of the con | ated 8/13/08, documented that ual #11 complained to an LPN nad been hurting for a few days see the Physician. The LPN omplaint on the Physician's of the RN Referral log. On cian conducted rounds but did #11. On 7/28/08, Individual ner foot was still hurting to a did not document the complaint Referral log or the RN Referral dividual #11 reported to a third was still hurting. That LPN complaint on the RN Referral log | | ************************************** | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUII | | PLE CONSTRUCTION G | (X3) DATE SU COMPLE | TED |
|--------------------------|--|--|--------------------|----|---|------------------------|----------------------------|
| | | 13G001 | B. WIN | G | | 08/29 |)/2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 10 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 154 | and later that day, I Physician and a be On 8/6/08, the x-ra showed Individual broken. Individual orthopedic physicia Individual #11's rigit The investigation dinterviews. When a during an interview p.m., seven (7) sta came in the day the written. The Invest to the surveyor dur staff statements we investigation becausinformation related her foot. | Individual #11 was seen by the dside x-ray was conducted. y report was received and #11's 5th right metatarsal was #11 was seen by an and a cast was applied to ht foot. id not contain direct care staff asked, the Investigator stated on 8/28/08 from 1:00 - 1:55 ffs' handwritten statements in investigation report was signator provided the statements ing the interview and stated the ere not included in the use they did not provide any to how Individual #11 broke | W | 54 | | | |
| | investigation report According to the R informed of Individuate RN Referral log interview notes, the happened prior to to the injury. Furth on the Client Information and in Individual investigation did not questioned as to himoident, and why so the aforemention. The investigation did Individual #11's physical investigator stated. | was contained in the tand was dated 8/8/08. N's statement, she was ual #11's injury on 8/5/08 via g. However, according to the RN went on to explain what the alleged date she was aware er, there was documentation nation log, Physician Referral al #11's OPFR charting. The of reflect that the RN was low she knew about the she did not read or monitor any ned documents. | | | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SU COMPLET | |
|--------------------------|--|--|-------------------|-----|---|-------------------------|----------------------------|
| | | 13G001 | B. Wil | IG | | 08/29 |)/2008 |
| , | PROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 154 | conducted and it m investigation. The the interview at the The Physician's into 7/23/08, a "Phys stated that [Individu She (the Physician assessment. Whe given a copy of the crossed out) she sa assess [sic] but onlinish writing on [sic must have been dis is common for her physician referral [siassessment. [sic] Sthe RN referral first referral as a next state of the Physician refinites and Injury p "Changes in health need routine physician refinites in the physician refinites and Individual #11's recont honored. Under the Analysis investigation, it state not document the CReferral log or the the OPFR Charting Assessment of Illnother investigation dinformation related Without a thorough | ust have been left out of the surveyor received a copy of exit conference on 8/29/08. erview documented that on ician Referral was made which ual #11] had pain in her foot. oreferred it to the RN for a she (the Physician) was referral (which had been aid I started to write have RN by wrote 'Have R' then did not ore referral sheet because she stracted. When I asked her if it to refer an issue on the sic] back to the RN for She stated that it should be on it then put on the physician | W | 154 | | | |

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI A. BUII | | LE CONSTRUCTION | (X3) DATE SU COMPLE | TED |
|--------------------------|--|---|--------------------|-----|---|------------------------|----------------------------|
| | | 13G001 | B. WIN | G | | 08/29 |) 9/2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 166 | ET ADDRESS, CITY, STATE, ZIP CODE 50 ELEVENTH AVENUE NORTH MPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | - 1 | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 154 | corrective action to such an incidence. 2. Individual #1's P documented a 22 y mild mental retarda (bipolar type), and An investigation, da 8/12/08 at 9:20 p.m when Individual #1 investigation stated time sheet on the cowas packing individual #1's OPF was attached to the Individual #1 was a search for Individual included the campupolice were called a found at 10:45 p.m living unit. Individual she was upset and Attached to the investatement, dated 8 (p.m.) I was told [In remembered where to bushes [sic] off tyard and she was a seleep and I yelled she was found and was just coming [sic] Under the Analysis investigation, it statefault to supervise much was great and the Language of the Langua | prevent the reoccurrence of CP, dated 12/18/07, rear old female diagnosed with ation, schizoaffective disorder PTSD. ated 8/15/08, showed that on n., two (2) staff were on shift left the living unit. The done staff was completing her computer and the second staff duals' lunches for them. FR Charting, dated 8/12/08, a investigation which stated hissing for 5 minutes. A al #1 was initiated which has and nearby streets, and the has well. Individual #1 was had under a bush, outside her had #1 informed the nurse that fell asleep. estigation was a hand written followidual #1] was missing and I went he dining room in the back curled up under the bush for Swing (evening staff) that I'm Noc (graveyard staff) and I | W 1 | 54 | | | |

PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) N A. BU | | IPLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED C | | |
|--|---|--|--|----------------------|---|--------|----------------------------|
| | | 13G001 | B. WII | √G | | 08/29/ | 1 |
| | PROVIDER OR SUPPLIER | HOSPITAL | STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 154 | staff who was on the about her personal was not asked why individuals who we themselves. Additionally, attach Individual #1's servidual #1's servidual #1's servidual #1's servidual #1's servidual #1's eloped investigation did not contain staff related to eloped investigation did not contain staff related to eloped investigation did not be well as the would hide in the when she was an | time use and the second staff of the was packing lunches for the was packing lunches for the capable of doing the task and the investigation was been prize plan for counseling, dated and invidual #1 engaged in the emission. Individual #1's in objectives or instructions to be ment behavior. The post include this information. Were conducted with 8/25/08 12:10 - 12:35 a.m. that the reported Individual #1 in the havior, usually on swing or left the campus. Staff stated was and it usually happened and the back gate and walked and went to the rose garden. It is provided that the back gate and walked and went to the rose garden. It is provided in the provided in the late of the provided investigation, the mable to determine appropriate or prevent the reoccurrence of | W | 154 | | | |

Facility ID: 13G001

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MU A. BUIL | | E CONSTRUCTION | (X3) DATE SU COMPLET | ED |
|--------------------------|---|--|---------------------|-----|---|-------------------------|--|
| | | 13G001 | B. WIN | э | | 08/29 | /2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 166 | ET ADDRESS, CITY, STATE, ZIP CODE 50 ELEVENTH AVENUE NORTH IMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | < | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 154 | An SER, dated 8/2 #3 eloped from the found near a local following morning. incident was provided. When asked, the I a follow-up telephoral and the facility fail was completed revenue at the facility fail was completed revenue. An SER, dated 8/2 #3 eloped from the found near a local following morning. In the I dated 4/23/08, stated "Neglect is services necessar mental anguish." "Failure to following guidelines." The I dated 4/22/08, stated | et/08, documented Individual efacility at 11:50 p.m. and was car wash at 1:30 a.m. the No investigation of the ded to the survey team. Lead Investigator stated during one interview on 9/4/08 at 9:36 nowledge of an investigation When asked, the Administrator low-up telephone interview on ., if the Lead Investigator didigation, then one was not into policy, dated 4/11/08, the failure to provide goods and y to avoid physical harm or Examples of neglect included enhanced supervision Enhanced Supervision policy, ted "the staff in the area must erson is at all times" #3 was without staff period of 1 hour and 40 minutes ed to ensure an investigation garding the incident. The Minor Incident Reporting 18, stated "For minor injuries of theck the environment, client aff, check past documentation, ermine cause of the injury. Inclusion or hypothesis on the incident Report, dated 8/13/08, incident Report, dated 8/13/0 | W 1 | 54 | | | |
| | | ncident Report, dated 8/13/08, idual #14 had three injuries of | | | | | Treatment of the Control of the Cont |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SUI | ED |
|--------------------------|---|--|-------------------|-----|---|---------------|----------------------------|
| | | 13G001 | B. WIN | IG_ | | 08/29 | |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 154 | unknown cause. I scratched self" on including 8/13/08, 8/13/08 and the 8/ on his head, and the on his face. No unknown injuries of the on his face. The lindividual #14's injurestigated. The lindividual #16's injurestigated and of interview on 8/28/0 Individual #16's injurestigated and of policy. 483.420(d)(4) STACLIENTS If the alleged violation rective action in the lindividual matter of the lindividual matter | The Report stated he "possibly no less than three occasions 8/16/08, and 8/17/08. The 16/08 injuries were noted to be ne 8/17/08 injury was noted to o other details related to the vere included in the report. QMRP stated during an 18 from 2:50 - 3:40 p.m., uries had not been facility failed to ensure uries were investigated and er the facility's policy. Incident Report, dated 8/20/08, dual #16 had an injury of The Report stated he "possibley f" on his torso and right 18 during the night. No other the unknown injuries were port. Further, there was no histrator notification. QMRP stated during an 18 from 2:50 - 3:40 p.m., uries had not been facility failed to ensure furies were thoroughly occumented as per the facility's affect the facility's affect the facility failed, appropriate the nust be taken. | W | 154 | | | |
| | This STANDARD | is not met as evidenced by: | | | | | |

| | F OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; | (X2) M A. BUI | | IPLE CONSTRUCTION IG | COMPLET | |
|--------------------------|---|--|-------------------|-----|--|---------|----------------------------|
| | | 13G001 | B. WI | | Line Control of the C | 08/29 | ; /2008 |
| - | ROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 157 | Based on review of reports, and staff ir facility failed to ens action was taken in and injuries of unkrindividuals (Individuals (Individuals uch incidents occi of appropriate follor findings include: 1. Individual #11's documented a 17 y mild mental retarda An investigation, do on 7/23/08, Individual that her right foot hand she wanted to documented the concumented the concumented that he second LPN who do on the Physician's log. On 8/5/08, Incl. LPN that her foot we documented the cond later that day, Physician and a be On 8/6/08, the x-rashowed Individual stroken. Individual orthopedic physicial Individual #11's rig. The RN's interview investigation reports | rinvestigations, minor injury aterviews it was determined the ure appropriate corrective a response to alleged neglect nown origin for 2 of 13 uals #1 and #11) for whom urred. This resulted in a lack we up to the incidents. The PCP, dated 2/12/08, rear old female diagnosed with ation. The properties of the propertie | W | 157 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | COMPLET | rED |
|--------------------------|---|--|-------------------|-----|---|---------|----------------------------|
| | | 13G001 | B. Wii | √G_ | | ľ |)/2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 10 | EET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 157 | the RN Referral log interview notes, the happened prior to of the injury. Furth on the Client Information log, and in Individual investigation did not questioned as to have incident, and why so of the aforemention. The investigation of Individual #11's phase in the interview at the investigation. The the interview at the The Physician's in 7/23/08, a "Physical that [Individual #11's phase in the interview at | ual #11's injury on 8/5/08 via g. However, according to the e RN went on to explain what the alleged date she was aware per, there was documentation mation log, Physician Referral pal #11's OPFR charting. The per treflect that the RN was ow she knew about the she did not read or monitor any ned documents. It did not contain an interview with physician. When asked, the during an interview on 8/28/08 p.m., the interview was must have been left out of the extraorder surveyor received a copy of the exit conference on 8/29/08, terview documented that on sician Referral was made which find #11] had pain in her foot. The enshe (the Physician) was the referral (which had been said I started to write have RN only wrote 'Have R' then did not ic referral sheet because she istracted. When I asked her if it to refer an issue on the [sic] back to the RN for She stated that it should be on set then put on the physician | W | 157 | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | (X3) DATE SU COMPLET | |
|--------------------------|--|--|-------------------|-----|---|-------------------------|----------------------------|
| | , | 13G001 | B. WI | | | 08/29 | 0/2008 |
| | ROVIDER OR SUPPLIER | | | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | - 1 | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 157 | investigation did n Individual #11's renot honored. Under the Analysi investigation, it stand document the Referral log or the the OPFR Chartin Assessment of Illing the Conclusion sestated the investigation of occur. An Administrative was attached to the corrective action to second LPN was on Policy 02.02 at and/or personnel 200.03." When asked how would prevent recincident, the Investinterview on 8/28/wouldn't. When a interview on 8/28/Physician should she (Individual #1 have caught the interval log and second log and sec | serral book." Further, the ot include information as to why equest to see the physician was a sof Findings section of the ated the second LPN who did complaint on the Physician's RN Referral log, did not follow g policy and the Detection and ness and Injury policy. Under action of the investigation, it gator determined that neglect did representation which stated the to be implemented with the "Training or counseling to [LPN] and Policy 200.03" and "Training action for nursing staff on Policy the corrective action taken accurrence of a similar or like stigator stated during an 108 from 1:00 - 1:55 p.m., it asked, the DON stated during an 108 from 9:10 - 9:25 a.m., the have seen Individual #11 when 1) requested it, the RN should incident on the Physician Shift log, and the corrective ken was not adequate; it did not | W | 157 | | | |
| | | to ensure appropriate corrective to prevent the reoccurrence of | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIF | PLE CONSTRUCTION | (X3) DATE SU COMPLE | TED |
|--------------------------|---|--|---------------------|---|------------------------|----------------------------|
| | | 13G001 | B. WING | | 08/29 | 0/2008 |
| , | ROVIDER OR SUPPLIER | HOSPITAL | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH AMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 157 | 8/12/08 at 9:20 p.m when Individual #1 investigation stated time sheet on the dwas packing individuated 8/12/08, Individuated 8/12/08, Individuated 8/12/08, Individual #1 was fibush, outside her linformed the nurse asleep. Attached to the invistatement, dated 8 (p.m.) I was told [In remembered when to bushes [sic] off yard and she was found and was just coming [sinvestigation, it stated fault to supervise man interview on 8/2 staff who was on the about her personal was not asked why individuals who we | dated 8/15/08, showed that on in., two (2) staff were on shift left the living unit. The if one staff was completing her computer and the second staff duals' lunches for them. I dual #1's OPFR Charting, vidual #1 was missing for 5 for Individual #1 was initiated campus and nearby streets, were called as well. Sound at 10:45 p.m. under a living unit. Individual #1 that she was upset and fell estigation was a hand written /12/08, that stated "At 10:45 individual #1] was missing and I went the dining room in the back curled up under the bush for Swing (evening staff) that I I'm Noc (graveyard staff) and I | W 157 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | | PLE CONSTRUCTION | (X3) DATE SU COMPLET | |
|--------------------------|---|--|------------------|-----|---|-------------------------|--------------------|
| | | | A. BUI B. WIN | | | c | |
| | | 13G001 | | | | 08/29 | /2008 |
| | ROVIDER OR SUPPLIER TATE SCHOOL AND | HOSPITAL | | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH AMPA, ID 83687 | | |
| | OLDANA DV. CTA | TEMENT OF DEFICIENCIES | JD. | 1.4 | PROVIDER'S PLAN OF CORREC | LION | (X5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREF TAG | | (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | COMPLETION DATE |
| W 157 | Continued From pa | ge 20 | W. | 157 | | | |
| | action, the Lead Inv | vestigator stated there was gation was unsubstantiated. | | | | | |
| | Individual #1's serv 1/12/07, which stat leaving without pe | to the investigation was ice plan for counseling, dated red Individual #1 engaged in "ermission." Individual #1's nobjectives or instructions to ement behavior. | | | | | |
| | graveyard staff on 8 During that time, st engaged in elopem shift, but she never | were conducted with 3/25/08 12:10 - 12:35 a.m. aff reported Individual #1 ent behavior, usually on swing left the campus. Staff stated rees and it usually happened Ty. | | | | | |
| | documented Individuals back gate and walk to the rose garden | , dated 8/13/08 at 11:00 p.m., dual #1 "eloped" through the ted around campus then went were she made threats to will kill myself tonight" and "It's p into traffic." | | | | | |
| W 159 | taken to prevent the #1's elopement bet staff monitoring and and program plans | | W | 159 | | | |
| | integrated, coordinate | treatment program must be ated and monitored by a ardation professional. | | | | | |
| | This STANDARD i | s not met as evidenced by: | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SUI | ED |
|--------------------------|--|--|-------------------|-----|---|---------------|----------------------------|
| | | 13G001 | B. WIN | IG | 4.0.411 | 08/29 | ; /2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 159 | Based on record rewas determined the QMRP provided su and coordination of individuals (Individuals (Individuals receiving the set to meet their needs 1. Individual #12's at 9:00 a.m., stated vaginal bleeding the 8/5/08. She was very This may be the care When asked, the Lon 8/28/08 from 2:2 was known to aggr. When asked, the Conterview on 8/28/0 was unaware of Incher masturbation a vaginal bleeding or 2. Refer to W111 afailure to ensure the keeping system that complete informations 3. Refer to W122 - Client Protections a deficiencies as it refers to the QMRP and monitoring to esubjected to neglectindividuals were sutheir needs, and as the content of the protection of the subjected to neglectindividuals were sutheir needs, and as the content of the protection of the protections as the protection of the protections as the protection of the protectio | view and staff interviews, it a facility failed to ensure the efficient integration, monitoring, the status of 16 of 17 hals #1 - #16) whose records at failure resulted in individuals ervices and supports required at The findings include: OPFR Charting, dated 8/13/08 of "[Individual #12] had some is AM. She had a pap on ery uncoop. (uncooperative). use. Will continue to monitor." PN stated during an interview 20 - 2:30 p.m., Individual #12 essively masturbate. MRP stated during an from 3:00 - 3:20 p.m., he dividual #12's issues related to not was not aware that she had a 8/13/08. It relates to the facility's e QMRP maintained a record at contained accurate and | W | 159 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | COMPLET | ED |
|--------------------------|---|--|-------------------|-----|---|---------|----------------------------|
| | | 13G001 | B. WIN | 1G | | 08/29 | |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 159 | 4. Refer to W214 a failure to ensure the assessment identification behavioral manage elopement behavioral manage elopement behavioral manage elopement behavioral failure to ensure of individual's needs of the failure to ensure insurable maladaptive behavioral plans. 7. Refer to W249 a failure to ensure insurable interventions and sand frequency to so objectives identified. 8. Refer to W260 a failure to ensure the PCPs. 9. Refer to W263 a failure to ensure reimplemented only consent of the individual to Refer to W312. | s it relates to the facility's e comprehensive functional fed individuals' specific ment needs related to their r. s it relates to the facility's electives necessary to meet were developed. s it relates to the facility's electives to staff related to iors were incorporated in s it relates to the facility's elective in sufficient number apport the achievement of d in their PCPs. s it relates to the facility's e QMRP updated individuals' is strictive interventions were with the written informed | W | 159 | | | |
| | reduction of sleep medication. 11. Refer to W318 | bjective criteria for the and PRN behavioral - Condition of Participation for ses and related standard level | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | COMPLE | TED |
|--------------------------|--|---|-------------------|----|--|--------|----------------------------|
| | | 13G001 | B. WII | IG | | l l | D 9/2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 11 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 159 W 214 | deficiencies as they ensure the QMRP a needs were not neg 483.440(c)(3)(iii) IN | relate to the facility's failure to assured individuals' medical glected. IDIVIDUAL PROGRAM PLAN | W: | | | , | 4474/08 |
| | identify the client's behavioral manage | e functional assessment must specific developmental and ment needs. | | | | | |
| | Based on record re was determined the comprehensive fun the specific behavior individuals (Individuals of the behavior support posterior without complete a information, it would behavior intervention. | eview and staff interviews, it is facility failed to ensure the actional assessment identified oral needs for 3 of 13 uals #1, #4 and #13) whose rograms were reviewed. and comprehensive behavioral d not be possible to ensure on strategies were consistent ' needs. The findings include: | | | | | |
| | | CP, dated 12/5/07, rear old male diagnosed with tardation. | | | | | |
| | Assessment, dated historyThis may be | nprehensive Functional I 12/5/07, stated "LWOP by the [Individual #4's] attempt to the sthat are overly stimulating." | | | | | |
| | schedule, undated, 'Heightened Super be visually supervis further stated "[Ind building without you supervision is so in | al #4's active treatment, stated "[Individual #4] requires vision' this means he needs to sed at all times." His schedule ividual #4] will leave the ur knowledge; this is why visual apportant." Additionally, FR Charting showed Individual | | | | | |

PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING | | | COMPLETED | |
|---|--|--|--|-----|---|-----------|----------------------------|
| | | 13G001 | B, WI | √G_ | | 08/29 | |
| NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 214 | #4 eloped from the Individual #4's recan updated assess behavior. Further, not identify the fun potential causes wand/or sustaining behavior. When asked, the interview on 8/28/0 did not know the selopement behavior. The facility failed the behavioral assess the function(s), an which contributed elopement behavioral assess the function(s), and which contributed elopement behavior. Individual #13's documented a 25 included borderlinal Alcohol Syndromed disorder. He had offenses. Individual #13's C include information sexually re-offend stated during an individual #13 did interview on 8/28/1 Individual #13 did | e unit on 5/3/08 and 7/8/08. Ord did not contain evidence of sment related to his elopement his 12/5/07 assessment did ction(s), antecedents, or which contributed to eliciting andividual #4's elopement Clinician stated during an 18 from 9:51 - 9:56 a.m., she pecifics of Individual #4's or. O ensure Individual #4's ment was updated and included tecedents, and potential causes to eliciting and/or sustaining his or. PCP, dated 10/28/07, year old male whose diagnoses e intellectual impairment, Fetal e, IED, and impulse control a history of sexually related FA, dated 10/28/07, did not in related to his current risk to when asked, the Clinician interview on 8/28/08 from 4:32 - current risk assessment should elted as part of Individual #13's as a part of his maladaptive er, the QMRP stated during an 10 from 10:00 - 10:30 a.m., not have a current risk | W | 214 | | | |
| | assessment beca | use he was not in the discharge | | | | | |

Facility ID: 13G001

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|-----|---|-------------------------------|----------------------------|
| | | 13G001 | B. WING | | | C 08/29/2008 | |
| NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL | | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | | | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 214 | process. The survey team refacility on 8/29/08 a Individual #13 was at a "high" risk to refunctional assessmand specific inform sexually re-offend. 3. Individual #1's Pedocumented a 22 ymild mental retarda (bipolar type), and Mainvestigation, da 8/12/08 at 9:20 p.m when Individual #1 #1's OPFR Chartin to the investigation missing for 5 minut was initiated which nearby streets, and Individual #1 was fobush, outside her liinformed the nurse asleep. Attached to the investigation with the investigation missing for 5 minut was initiated which nearby streets, and Individual #1 was fobush, outside her liinformed the nurse asleep. Attached to the investigation with the investigation of the investigation of the investigation was initiated which nearby streets, and Individual #1 was fobush, outside her liinformed the nurse asleep. | eceived a facsimile from the it 4:09 p.m., which showed assessed on 8/28/08 and was e-offend. The ensure Individual #13's ent included comprehensive ation related to his risk to CP, dated 12/18/07, ear old female diagnosed with etion, schizoaffective disorder PTSD. Ated 8/15/08, showed that on inc., two (2) staff were on shift left the living unit. Individual g, dated 8/12/08, was attached which stated Individual #1 was es. A search for Individual #1 included the campus and if the police were called as well. Found at 10:45 p.m. under a ving unit. Individual #1 that she was upset and fell estigation was a hand written and the total at the time and I went the dining room in the back curled up under the bush for Swing (evening staff) that I'm Noc (graveyard staff) and I | W | 214 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---|---|-------------------------------|----------------------------|--|
| | | | B. WING | | | C | |
| | | 13G001 | D. WING | | 08/29 | /2008 | |
| NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE | |
| W 214 | Continued From page 26 | | W 214 | | | , | |
| | Individual #1's serv | ed to the investigation was ice plan for counseling, dated ed Individual #1 engaged in " ermission." | | | | | |
| | graveyard staff on a During that time, st engaged in elopem shift, but she never she would hide in twhen she was angular 8/13/08 at 11:00 p. "eloped" through th | were conducted with 8/25/08 12:10 - 12:35 a.m. aff reported Individual #1 tent behavior, usually on swing refet the campus. Staff stated rees and it usually happened ry. Additionally, a BRF, dated rm., documented Individual #1 te back gate and walked en went to the rose garden. | | | | | |
| | | Il #1's Functional Assessment, ot include any information or pement behavior. | | | | | |
| | during an interview p.m., Individual #1 | MRP and Clinician both stated on 8/28/08 from 2:05 - 3:15 s elopement was not a sequence of her being angry. | | | | | |
| W 227 | assessment of Indi was completed. | ensure a functional vidual #1's elopement behavior VIDUAL PROGRAM PLAN | W 227 | | | 11/1/083 | |
| | objectives necessa as identified by the | ram plan states the specific rry to meet the client's needs, comprehensive assessment aph (c)(3) of this section. | | | | | |
| | This STANDARD | is not met as evidenced by: | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---|------|---|-------------------------------|----------------------------|
| | 13G001 | | B. WIN | IG _ | | C 08/29/2008 | |
| NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL | | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION ĐATE |
| W 227 | was determined the PCP included object of 13 individuals (In whose behavior sure This resulted in a late to address the behavior sure the findings included and the findings included and the findings included and the findings included and the findividual #4's Profound mental results and the findividual #4's activated and findividual | eview and staff interviews it a facility failed to ensure the ctives to meet the needs for 4 adividuals #1, #3, #4 and #12) apport programs were reviewed. Eack of program plans designed avioral needs of individuals. The example of individuals etc. CP, dated 12/5/07, rear old male diagnosed with stardation. The treatment schedule, adividual #4] requires vision' this means he needs to sed at all times." His schedule vidual #4] will leave the cur knowledge; this is why visual apportant." Additionally, FR Charting showed Individual unit on 5/3/08 and 7/8/08. All #4's QMRP Additional PCP 008 stated "Elopement is not a [Individual #4]." When asked, I during an interview on 8/28/08 m., there was no objective for | W: | 227 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL. A. BUILDI | riple construction NG | COMPL | (X3) DATE SURVEY COMPLETED | |
|---|--|--|------------------------|---|-----------|-------------------------------|--|
| | | 13G001 | B. WING | | 1 | C 29/2008 | |
| | ROVIDER OR SUPPLIER | HOSPITAL | | REET ADDRESS, CITY, STATE, ZIP COI 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 |)E | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| W 227 | anticonvulsant drupplan, dated 6/08, dhours of sleep wer decrease in both d contained no object. When asked, the Cinterview on 8/28/0 Individual #3 had rower developments. The facility failed to sleep were developments. Individual #12's was a 57 year old included severe m syndrome, dements. Individual #12's Ol 9:00 a.m., stated "vaginal bleeding the 8/5/08. She was worden to see vag past history knowled be very aggressive time'." When asked, the I on 8/28/08 from 2: was known to agg However, Individual objectives related. When asked, the Content of the state of the | g). Additionally, his medication ocumented Individual #3's e contingent on an increase or rugs. However, his record cive for sleep. QMRP stated during an assume that the state of the sleep. QMRP stated during an assume objectives related to sleep. Questives related to sleep | W 22 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|-----|---|-------------------------------|----------------------------|
| | | 13G001 | D MANC | | - 1 | | |
| NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL | | | | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH AMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | | | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 227 | masturbation and r The facility failed to developed to addre masturbation. 4. Individual #1's P documented a 22 y mild mental retarda (bipolar type), and An investigation, da 8/12/08 at 9:20 p.m when Individual #1 #1's OPFR Chartin to the investigation missing for 5 minur was initiated which nearby streets, and Individual #1 was f bush, outside her I informed the nurse asleep. Attached to the investigation of the investigation missing for 5 minur was initiated which nearby streets, and Individual #1 was f bush, outside her I informed the nurse asleep. Attached to the investigation of the | idual #12 had issues related to no objectives were developed. Deensure objectives were developed. Deensure objectives were dess Individual #12's CP, dated 12/18/07, rear old female diagnosed with ation, schizoaffective disorder PTSD. Detective disorder disorder PTSD. Detective disorder | W | 227 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|-------------------|-----|--|-------------------------------|----------------------------|
| | | 120001 | B. WIN | | Market Ma | 1 | 20000 |
| | | 13G001 | | | | 08/29 | 9/2008 |
| | ROVIDER OR SUPPLIER TATE SCHOOL AND | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 227 | PCP did not contain staff related to elop Further, interviews graveyard staff on 8 During that time, strengaged in elopem shift, but she never she would hide in trusher when she was angra 8/13/08 at 11:00 p.1 "eloped" through the around campus the When asked, the C during an interview p.m., Individual #1 to elopement becaubut a consequence | m objectives or instructions to ement behavior. were conducted with 8/25/08 12:10 - 12:35 a.m. aff reported Individual #1 ent behavior, usually on swing left the campus. Staff stated rees and it usually happened ry. Additionally, a BRF, dated m., documented Individual #1 e back gate and walked en went to the rose garden. clinician and QMRP both stated on 8/28/08 from 2:05 - 3:15 did not have objectives related use eloping was not a behavior of Individual #1 being angry. | Wá | 227 | | | |
| W 234 | Individual #1's elop 483.440(c)(5)(i) INI Each written trainin implement the obje program plan must used. This STANDARD i Based on record re was determined the direction to staff wat training program fo (Individuals #1, #4 support plans were lack of instructions | g program designed to ctives in the individual specify the methods to be s not met as evidenced by: eview and staff interviews, it is facility failed to ensure clear as provided in each written r 3 of 13 individuals and #12) whose behavior reviewed. This resulted in a to staff being included in ins. The findings include: | W | 234 | | | 14/1708 |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL | TIPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|--|---|---------------------|--|-------------------------------|----------------------------|--|
| | | 13G001 | B. WING | | C 08/29/2008 | | |
| | PROVIDER OR SUPPLIER | HOSPITAL | | REET ADDRESS, CITY, STATE, ZIP COD 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | ···· | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE | |
| W 234 | documented a 41 y profound mental re Individual #4's activundated, stated "[Irr 'Heightened Supervise further stated "[Indibuilding without you supervision is so in Individual #4's OPF #4 eloped from the However, Individual Narrative for July 2 target behavior for When asked, the Conterview on 8/28/0 was only an informelopement. The facility failed to regarding Individual were incorporated included severe mesyndrome, dement Individual #12's OF 9:00 a.m., stated "[vaginal bleeding the 8/5/08. She was ver This may be the call Individual #12's OF Individual #12' | ear old male diagnosed with tardation. The treatment schedule, adividual #4] requires vision' this means he needs to sed at all times." His schedule vidual #4] will leave the ur knowledge; this is why visual apportant." Additionally, FR Charting showed Individual unit on 5/3/08 and 7/8/08. I #4's QMRP Additional PCP 008 stated "Elopement is not a [Individual #4]." Clinician stated during an 8 from 8:57 - 9:15 a.m., there all plan for Individual #4's Densure instructions to staff all #4's elopement behavior | W 234 | | | | |

PRINTED: 10/22/2008 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1`' | | | COMPLETED | |
|--|---|---|--|---|--|---|
| | 13G001 | B. WII | \G_ | | 08/29 | 1 |
| ROVIDER OR SUPPLIER | HOSPITAL | | 1 | 660 ELEVENTH AVENUE NORTH | | |
| (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | | | (EACH CORRECTIVE ACTION SHO | ULD BE | (X5) COMPLETION DATE |
| present to see vagi past history knowle be very aggressive time'." When asked, the L on 8/28/08 from 2:2 was known to aggre However, Individua plans related to ma When asked, the C interview on 8/28/0 was unaware Indivimasturbation and maturbation and maturbation and maturbation and incorporated in to a 3. Individual #1's Present Proceedings of the process of the past of the | nal bleeding, however from dge [Individual #12] tends to when it comes to 'private PN stated during an interview 20 - 2:30 p.m., Individual #12 essively masturbate. I #12's PCP did not include sturbation. MRP stated during an 8 from 3:00 - 3:20 p.m., he dual #12 had issues related to 10 plans were developed. I #12's masturbation were 1 plan. CP, dated 12/18/07, rear old female diagnosed with ation, schizoaffective disorder PTSD. Ated 8/15/08, showed that on 1., two (2) staff were on shift left the living unit. Individual g, dated 8/12/08, was attached which stated Individual #1 included the campus and I the police were called as well. bound at 10:45 p.m. under a ving unit. Individual #1 that she was upset and fell | W | 234 | | | |
| Allached to the IIIV | conganon was a nanu winten | | | | | |
| | ROVIDER OR SUPPLIER TATE SCHOOL AND SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa present to see vagi past history knowle be very aggressive time'." When asked, the L on 8/28/08 from 2:2 was known to aggre However, Individua plans related to ma When asked, the C interview on 8/28/0 was unaware Indivi masturbation and n The facility failed to related to Individua incorporated in to a 3. Individual #1's Pi documented a 22 y mild mental retarda (bipolar type), and An investigation, da 8/12/08 at 9:20 p.m when Individual #1 #1's OPFR Chartin to the investigation missing for 5 minut was initiated which nearby streets, and Individual #1 was fo bush, outside her li informed the nurse asleep. | ROVIDER OR SUPPLIER TATE SCHOOL AND HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 present to see vaginal bleeding, however from past history knowledge [Individual #12] tends to be very aggressive when it comes to 'private time'." When asked, the LPN stated during an interview on 8/28/08 from 2:20 - 2:30 p.m., Individual #12 was known to aggressively masturbate. However, Individual #12's PCP did not include plans related to masturbation. When asked, the QMRP stated during an interview on 8/28/08 from 3:00 - 3:20 p.m., he was unaware Individual #12 had issues related to masturbation and no plans were developed. The facility failed to ensure instructions to staff related to Individual #12's masturbation were incorporated in to a plan. 3. Individual #1's PCP, dated 12/18/07, documented a 22 year old female diagnosed with mild mental retardation, schizoaffective disorder (bipolar type), and PTSD. An investigation, dated 8/15/08, showed that on 8/12/08 at 9:20 p.m., two (2) staff were on shift when Individual #1 left the living unit. Individual #1's OPFR Charting, dated 8/12/08, was attached to the investigation which stated Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was initiated which included the campus and nearby streets, and the police were called as well. Individual #1 was found at 10:45 p.m. under a bush, outside her living unit. Individual #1 informed the nurse that she was upset and fell | ROVIDER OR SUPPLIER TATE SCHOOL AND HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 present to see vaginal bleeding, however from past history knowledge [Individual #12] tends to be very aggressive when it comes to 'private time'." When asked, the LPN stated during an interview on 8/28/08 from 2:20 - 2:30 p.m., Individual #12 was known to aggressively masturbate. However, Individual #12's PCP did not include plans related to masturbation. When asked, the QMRP stated during an interview on 8/28/08 from 3:00 - 3:20 p.m., he was unaware Individual #12 had issues related to masturbation and no plans were developed. The facility failed to ensure instructions to staff related to Individual #12's masturbation were incorporated in to a plan. 3. Individual #1's PCP, dated 12/18/07, documented a 22 year old female diagnosed with mild mental retardation, schizoaffective disorder (bipolar type), and PTSD. An investigation, dated 8/15/08, showed that on 8/12/08 at 9:20 p.m., two (2) staff were on shift when Individual #1 left the living unit. Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was initiated which included the campus and nearby streets, and the police were called as well. Individual #1 was found at 10:45 p.m. under a bush, outside her living unit. Individual #1 informed the nurse that she was upset and fell asleep. | ROVIDER OR SUPPLIER TATE SCHOOL AND HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 present to see vaginal bleeding, however from past history knowledge [Individual #12] tends to be very aggressive when it comes to 'private time'." When asked, the LPN stated during an interview on 8/28/08 from 2:20 - 2:30 p.m., Individual #12 was known to aggressively masturbate. However, Individual #12's PCP did not include plans related to masturbation. When asked, the QMRP stated during an interview on 8/28/08 from 3:00 - 3:20 p.m., he was unaware Individual #12 had issues related to masturbation and no plans were developed. The facility failed to ensure instructions to staff related to Individual #12's masturbation were incorporated in to a plan. 3. Individual #1's PCP, dated 12/18/07, documented a 22 year old female diagnosed with mild mental retardation, schizoaffective disorder (bipolar type), and PTSD. An investigation, dated 8/15/08, showed that on 8/12/08 at 9:20 p.m., two (2) staff were on shift when Individual #1 left he living unit. Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 informed the nurse that she was upset and fell asleep. | ROVIDER OR SUPPLIER TATE SCHOOL AND HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 present to see vaginal bleeding, however from past history knowledge [Individual #12] tends to be very aggressive when it comes to 'private time'." When asked, the LPN stated during an interview on 8/28/08 from 3:00 - 3:20 p.m., he was unaware Individual #12 had issues related to masturbation and no plans were developed. The facility failed to ensure instructions to staff related to Individual #12's masturbation were incorporated in to a plan. Individual #1's PCP, dated 12/18/07, documented a 22 year old female diagnosed with mild mental retardation, schizoaffective disorder (bipolar type), and PTSD. An investigation, dated 8/15/08, showed that on 8/12/08 at 9:20 p.m., two (2) staff were on shift when Individual #1 left the living unit. Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was missing for 5 minutes. A search for Individual #1 was initiated which included the campus and nearby streets, and the police were called as well. Individual #1 was found at 10:45 p.m. under a bush, outside her living unit. Individual #1 informed the nurse that she was upset and fell asleep. | ROWIDER OR SUPPLIER TATE SCHOOL AND HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY WIST ES PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 present to see vaginal bleeding, however from past history knowledge [Individual #12] tends to be very aggressive when it comes to 'private time'. When asked, the LPN stated during an interview on 8/28/08 from 2:20 - 2:30 p.m., Individual #12 was known to aggressively masturbate. However, Individual #12's PCP did not include plans related to masturbation. When asked, the OMRP stated during an interview on 8/28/08 from 3:00 - 3:20 p.m., Individual #12's enasturbation were incorporated in to a plan. 3. Individual #12's PCP, dated 12/18/07, documented a 22 year old female diagnosed with mild mental retardation, schizoaffective disorder (bipolar type), and PTSD. An investigation, dated 8/15/08, showed that on 8/12/08 at 9:20 p.m., two (2) staff were on shift when Individual #1 the Individual #1 was finitiated which included the campus and interviey and PTSD. An investigation, dated 8/15/08, showed that on 8/12/08 at 9:20 p.m., two (2) staff were on shift when Individual #1 the Individual #1 was sinitiated which included the campus and subshouts and included which included the campus and subshouts and the riving unit. Individual #1 was found at 10:46 p.m. under a bush, outside her living unit. Individual #1 informed the nurse that she was upset and fell asleep. |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTII | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | |
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| | | 13G001 | B. WING | | C 08/29/2008 | |
| | PROVIDER OR SUPPLIER | HOSPITAL | 10 | EET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 234 | statement, dated 8. (p.m.) I was told [In remembered where to bushes [sic] off tyard and she was casleep and I yelled she was found and was just coming [si Additionally, attach Individual #1's serv 1/12/07, which statleaving without pPCP did not contai staff related to elop Further, interviews graveyard staff on During that time, stengaged in elopem shift, but she never she would hide in twhen she was ang 8/13/08 at 11:00 p. "eloped" through the around campus the When asked, the Cinterview on 8/28/0 missing client book areas were individual Clinician, who was interview, stated In not a behavior but angry. | dividual #1] was missing and I will be she hid last time and I went the dining room in the back curled up under the bush for Swing (evening staff) that I'm Noc (graveyard staff) and I c] on shift." ed to the investigation was ice plan for counseling, dated and Individual #1 engaged in "ermission." Individual #1's in objectives or instructions to | W 234 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUI | | PLE CONSTRUCTION G | COMPLETED | | |
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| | | 13G001 | B. WI | NG_ | | 1 | /2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 10 | EET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH AMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 234 W 249 | related to Individua were incorporated | Il #1's elopement behavior | | 234 249 | | | 1171/ 08 |
| | formulated a client each client must re treatment program interventions and s and frequency to s | erdisciplinary team has Is individual program plan, eceive a continuous active consisting of needed services in sufficient number upport the achievement of the d in the individual program | | | | | |
| | Based on record re was determined the individual received consistent with the (Individual #2) who resulted in an individual resulted in an individual #2) | is not met as evidenced by: eview and staff interviews, it e facility failed to ensure each training and services ir IPP for 1 of 11 individuals use PCPs were reviewed. This vidual not receiving counseling PCP. The findings include: | | | | | |
| | building social skill Under the Status so "[Individual #2] has developing and ma [Individual #2's] ma Person Centered I [Individual #2] will skills associated was friendships." The be encouraged to record did not conto weekly counseling. | - | | | | | |
| | Additionally, his P | CP included a service plan for | | | | | |

| | TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING | | | COMPLETED | | | |
|---|--|---|-------------------|-----------|---|--------|----------------------------|
| | | 13G001 | B. WIN | 1G _ | | i . |)/2008 |
| | OVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| C "" b a [I s [I s p is p | [Individual #2] displehaviors which managed and mental individual #2] managed and mental individual #2] managed and mental individual #2] managed and mental individual and managed and mental individual and managed and mental individual and mental individual and mental individual indivi | ige 35 11/13/07, which stated plays mood symptoms and any relate to a past history of illness. In an effort to assist age [sic] his mental health naviors [sic] counseling with her [sic] on a weekly basis. In Clinician would document and ogress notes regarding therapy #2's record. There were no individual #2's record related to individual #2's record related to individual #2 had a short here was not much to do with the ensure individual #2 was seling as identified in his PCP. GRAM MONITORING & in the individual program plan is appropriate, repeating the in paragraph (c) of this section. It is not met as evidenced by: eview and staff interviews, it is facility failed to ensure an ever revised to accurately it to their current needs for 2 of viduals #1 and #2) whose ed. This resulted in individuals' vised to reflect their current, and behavioral needs. The | | 249 | | | ਗੁਆ/1/08 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) N A. BU | | IPLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | |
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| | | 13G001 | B. Wii | | | | C 9/2008 |
| | PROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| W 260 | documented a 19 y mild mental retarda hypomania with psy IED, and organic be cerebellar stroke at a. Individual #2's P would like to continuous school district record included an On 8/29/08, the state facsimiled memo, or Individual #2 was be roster as he had no 3/18/08. b. Individual #2's P building social skills he would be encour classes: social skills he would be encoural seen as the seen as he had no 3/18/08. When asked, the Gointerview on 8/24/0 Individual #2 move around the first of weekly work class, health class. When classes currently he classes identifies social skills services. The facility failed to the facility failed to the classes identifies to the facility failed to the classes identifies the classes identifies to the classes identifies the classes id | CP, dated 11/13/07, ear old male diagnosed with stion, bipolar disorder (type 2; ychotic symptoms), PTSD, rain problems secondary to a nd frontal lobe stroke. CP stated "[Individual #2] ue his education through [a]." Additionally, his program IEP which was dated 1/10/08. Ite agency received a dated 4/1/08, which stated eing removed from the school of attended school since CP included a service plan for s, dated 11/30/07, which stated raged to attend the following | W | 260 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIF | PLE CONSTRUCTION 3 | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---------------------|---|-------------------------------|----------------------------|
| | | 13G001 | B. WING | | 08/29 |) 2/2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | 16 | EET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH AMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| W 260 | documented a 22 y mild mental retards (bipolar type), and Individual #1's PCI counseling, dated "Behaviors that [Inharmful to self inclito kill herself by chdrowning, overdos concern includef tantrumsseeking When asked, the Cinterview on 8/24/C maladaptive behaviors | cCP, dated 12/18/07, year old female diagnosed with ation, schizoaffective disorder PTSD. P included a service plan for 1/12/07, which stated dividual #1] engages in that are ude binging and purging; trying oking, hanging, cutting, ingOther behaviors of | W 260 | | | |
| W 263 | counseling plan was maladaptive behave 483.440(f)(3)(ii) PF CHANGE The committee she are conducted only consent of the clie minor) or legal guarantees. This STANDARD Based on record rewas determined the restrictive interventage of the strictive | ROGRAM MONITORING & ould insure that these programs with the written informed nt, parents (if the client is a | W 263 | | | |

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) M A. BU | | IPLE CONSTRUCTION NG | COMPLETED | | |
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| | | 13G001 | B. WII | NG_ | | ı | /2008 | |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE | |
| W 263 | 10 individuals (Indimodifying drugs we a lack of protection through prior approached a lack of protection through prior approached a lack of protection through prior approached a lack of protection a. Individual #4's responsible to the lack of th | vidual #1) whose behavior are reviewed. This resulted in of an individual's rights and of a restrictive intervention. The cord included a WIC, dated a Serax (an anti-anxiety drug), and physical the use of an adult restraint used during medical and dental VIC was signed by the 7, however, neither of the do indicate whether consent en. When asked, the Social ng an interview on 8/28/08 m., there was really no way to | W | 263 | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI A. BUIL | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 13G001 | B. WIN | | | 08/29 | ;)/2008 |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 1660 | T ADDRESS, CITY, STATE, ZIP CODE DELEVENTH AVENUE NORTH MPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROVIDENCY) | | ULD BE | (X5) COMPLETION DATE |
| W 263 | least 20 calls (and) picked up. Becaus [Individual #4's] me is granted to contine The approval for the Administrative When asked, the Sinterview on 8/28/0 had no knowledge seen it before. The made phone contal on 3/13/08 and 7/3 | age 39 I registered mail was not see it would be unethical to stop edications at this time consent nue with the program" [sic]. In 12/5/07 WIC was given by Director on 2/29/08. Social Worker stated during an 18 from 9:18 - 9:50 a.m., she of the 2/08 letter and had not be Social Worker stated she not with Individual #4's guardian 10/08. When asked for the phone conversations, the | W 2 | 263 | | | |
| W 312 | Social Worker provided Service Progress In Service Progress In The Social Service following phone condividual #4's guate 7/30/08. The Note conversations were placement and not restrictive interventions. The facility failed to obtained prior to the interventions. 483.450(e)(2) DRU Drugs used for commust be used only client's individual properties in the properties in the second properties in | vided the surveyor with Social Notes. Progress Notes contained the intacts that were made with irdian: 3/13/08, 5/08, 6/08, and is showed the content of the related to alternative transent for Individual #4's tions. In ensure guardian consent was the continued use of restrictive | W | 312 | | | 31/1/08 |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED C | |
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| | | 13G001 | B. Win | IG | | 1 | ;)/2008 |
| | PROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 312 | Based on record redetermined the faci modifying drugs we comprehensive parwere directed specand eventual eliminathe drugs were use (Individuals #3 and drugs were reviewere receiving behavior appropriate plans thow they may chan regression. The find 1. Individual #3's reco (an anti-psychotic canticonvulsant drugplan, dated 6/08, do hours of sleep were decrease in both drugs were in both drugs were reviewere decrease in both drugs were reviewere anticonvulsant drugplan, dated 6/08, do hours of sleep were decrease in both drugs were decrease in both drugs and interest and the sleep. The facility failed to medication plan was 2. Individual #5's Prodocumented a 14 yincluded pervasive | view and staff interview, it was lity failed to ensure behavior are used only as a tof individuals' PCPs that ifically towards the reduction of lation of the behavior for which do for 2 of 10 individuals #5) whose behavior modifying ed. This resulted in individuals modifying drugs without that identified drug usage and loge in relation to progress or lidings include: CP, dated 6/5/08, documented diagnosed with mild mental and showed he received Abilify large and Depakote (an graph). Additionally, his medication occumented Individual #3's expected contingent on an increase or rugs. I #3's PCP contained no When asked, the QMRP rerview on 8/28/08 from 11:00 - ual #3 had no objective for the ensure Individual #3's as adequately developed. | W | 312 | | | |

| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUI | | IG | COMPLETED | | |
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| | | 13G001 | | | | 0 | |
| NAME OF P | ROVIDER OR SUPPLIER | 133001 | | | REET ADDRESS, CITY, STATE, ZIP CODE | 1 08/29 | /2008 |
| IDAHO S | TATE SCHOOL AND | HOSPITAL | | | 660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 312 | Continued From pa | ge 41 | w: | 312 | | | |
| | stated he received drug) by mouth PRI he refused to take I a combination of Ha PRN and Benadryl would be administe Individual #5's recothe use of the PRN | ication Plan, dated 7/22/08, Risperdal (an antipsychotic N for assaultive behavior. If Risperdal PRN by mouth, then aldol (an antipsychotic drug) (an antihistamine drug) PRN red by injection. rd contained no plan related to drugs. When asked, the 28/08 at 3:26 p.m., there was | | | | | |
| | no plan. | ensure a plan to related to the | | | | | |
| W 318 | use of Risperdal PF PRN was develope | RN, Haldol PRN, and Benadryl d for Individual #5. | w: | 318 | | | |
| | The facility must en services requireme | sure that specific health care nts are met. | | | | | |
| | Based on review of and staff interviews failed to ensure neo assessments, mon- occurred. This resi | itoring and timely follow up ulted in delayed identification, w up of serious medical | | | | | |
| W 322 | failure to ensure inc | s it relates to the facility's dividuals received general and accordance with their needs. SICIAN SERVICES | w: | 322 | | | |
| | The facility must pr | ovide or obtain preventive and | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL' A. BUILDI | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|--|------------------------|---|-------------------------------|----------------------------|
| | 13G001 | | B. WING | | C 08/29/2008 | |
| NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL | | | | TREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | 1 00/10 | 7200 |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 322 | • | - | W 32: | 2 | | |
| | Based on review of and staff interviews failed to ensure ger 12 individuals (Individuals resulted in individual care services in act The findings included and set of the findings included and later that day, | General medical care. This STANDARD is not met as evidenced by: Based on review of investigations, record review, and staff interviews it was determined the facility alled to ensure general care was provided to 2 of 12 individuals (Individuals #11 and #12) whose medical records were reviewed. This failure resulted in individuals not receiving timely health care services in accordance with their needs. The findings include: 1. Individual #11's PCP, dated 2/12/08, documented a 17 year old female diagnosed with mild mental retardation. An investigation, dated 8/13/08, documented that for 7/23/08, Individual #11 complained to an LPN that her right foot had been hurting for a few days and she wanted to see the Physician. The LPN documented the complaint on the Physician's Referral log but not on the RN Referral log. On 7/24/08, the Physician conducted rounds but did not see Individual #11. On 7/28/08, Individual #11 reported that her foot was still hurting to a second LPN who did not document the complaint on the Physician's Referral log or the RN Referral log. On 8/5/08, Individual #11 reported to a third LPN that her foot was still hurting. That LPN documented the complaint on the RN Referral log and later that day, Individual #11 was seen by the Physician and a bedside x-ray was conducted. On 8/6/08, the x-ray report was received and showed Individual #11's 5th right metatarsal was proken. Individual #11 was seen by an orthopedic physician and a cast was applied to | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G001 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | | (X3) DATE SURVEY COMPLETED C 08/29/2008 | | |
|---|---|--|-------------------|-----|---|----------------------------|---|
| | | | | | | | NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | (X5) COMPLETION DATE | |
| W 322 | The RN's interview investigation repo According to the Finformed of Individe the RN Referral Identification interview notes, the happened prior to of the injury. Furtion the Client Information log, and in Individed investigation did requestioned as to be incident, and why of the aforemention of the investigation Individual #11's please in the investigator states from 1:00 - 1:55 periodic investigator and it is incidented and it is incidented and it is incidented in the investigator states from 1:00 - 1:55 periodic investigation and it is incidented in the investigator states from 1:00 - 1:55 periodic investigator and it is investigator and it is investigation and it is | w was contained in the rt and was dated 8/8/08. RN's statement, she was dual #11's injury on 8/5/08 via reg. However, according to the re RN went on to explain what the alleged date she was aware ther, there was documentation mation log, Physician Referral real #11's OPFR charting. The reflect that the RN was now she knew about the she did not read or monitor any | W | 322 | | | |
| | the interview at the The Physician's in 7/23/08, a " Phy stated that [Individes She (the Physicial assessment. When given a copy of the crossed out) she assess [sic] but of finish writing on [signature of the physician referral assessment. [sic] | e exit conference on 8/29/08. Interview documented that on sician Referral was made which dual #11] had pain in her foot. In referred it to the RN for en she (the Physician) was e referral (which had been said I started to write have RN only wrote 'Have R' then did not sic] referral sheet because she distracted. When I asked her if it it to refer an issue on the [sic] back to the RN for She stated that it should be on st then put on the physician | | | | | |

| AND PLAN OF CORRECTION IDENTIFICATION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1` ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | ED. |
|---------------------------------------|--|---|--------------------|---|---|-----------------|----------------------------|
| | | 13G001 | B. WING | | 42-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | C 08/29/2008 | |
| | ROVIDER OR SUPPLIER | HOSPITAL | | 166 | ET ADDRESS, CITY, STATE, ZIP CODE 60 ELEVENTH AVENUE NORTH MPA, ID 83687 | | |
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| W 322 | Illness and Injury p "Changes in health need routine physic in the physician ref investigation did not Individual #11's red not honored. Under the Analysis investigation, it star not document the of Referral log or the the OPFR Charting Assessment of Illnet the Conclusion sec stated the investiga not occur. An Administrative I was attached to the corrective action to second LPN was " on Policy 02.02 an and/or personnel at 200.03." When asked, the I on 8/28/08 from 9: did not receive ade related to her foot should have seen (Individual #11) rec caught the incident and Shift log, and it taken was not ade issues. | ction and Assessment of colicy, dated 2/10/07, stated status which are stable and/or cian follow [sic] will be placed erral book." Further, the of include information as to why quest to see the physician was of Findings section of the ted the second LPN who did complaint on the Physician's RN Referral log, did not follow goolicy and the Detection and ess and Injury policy. Under cition of the investigation, it ator determined that neglect did review of Investigation form the investigation which stated the be implemented with the Training or counseling to [LPN] depolicy 200.03" and "Training action for nursing staff on Policy DON stated during an interview 10 - 9:25 a.m., Individual #11 equate health care services The DON stated the Physician Individual #11 when she quested it, the RN should have to on the Physician Referral log the corrective action that was quate; it did not address all the #11 reported pain in her right | W3 | 322 | | | |
| | ni sum, mulviduali | , , , repetted position not right | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | 'IPLE CONSTRUCTION √G | (X3) DATE SURVEY COMPLETED | |
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| addressed was x-rayer Physician for to be seen, #11's heath adequately Individual # Physician. The facility health care #11. 2. Individual was a 57 yeincluded se syndrome, Individual # 9:00 a.m., se vaginal blee 8/5/08. Show This may be Individual # 11:15 a.m., present to sepast history be very agginate individual # 8/28/08, who documentate name] was date @ 150 got [Individual # 350 got [Ind | r concel for 14 do alled to alled to alled to alled to alled to status, commulatis conference of the c | rn was not adequately ays, at which point, her foot und to be broken. The nonor Individual #11's request failed to monitor Individual and the LPNs failed to nicate and document neerns to the RN and PCP, dated 8/5/08, stated she emale whose diagnoses ental retardation, organic brain a, and seizure disorder. FR Charting, dated 8/13/08 at Individual #12] had some s AM. She had a pap on ery uncoop. (uncooperative). use. Will continue to monitor." FR Charting, dated 8/13/08 at Individual #12] tends to when it comes to 'private FR Charting Note, dated ed "Late entry made to clarify 8/13/08 @ 0900. DCS, [staff's viewed by this nurse on this p.m.). [Staff's name] reports 'I up to the bathroom. There ything unusual on the bedding. | W | 322 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | HOSPITAL | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 | *************************************** | | |
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| W 322 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 46 I was putting on her socks and shoes, when I heard a plop in the toilet. When [Individual #12] got up there was blood in the toilet (described as the color that you would see on a pad when your [sic] on your mensus [sic]). There was a drip of blood on her L (left) inner thigh. I washed it off and there was no further bleeding present. I looked and did not see any BM (bowel movement) in the toilet' unquote [sic]. Staff had flushed the commode so this was not visualized by this nurse. This information was placed on Alert Charting, and on the Campus Nurse report for follow up in case there were further problems. [Individual #12] did not have any further problems on this shift." When asked, the LPN stated during an interview on 8/28/08 from 2:20 - 2:30 p.m., Individual #12 was post-menopausal and did not have vaginal spot bleeding. Individual #12's record was not reflective of receiving a direct visual assessment by nursing staff to determine the cause, source and severity of bleeding nor adequate monitoring and oversight related to her vaginal bleeding. The facility failed to provide Individual #12 with appropriate health care services such that the cause, source and severity of bleeding could be ascertained and resolved. | | W: | 322 | | | | |

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 08/29/2008 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 000 M 000 16.03.11 Initial Comments This report incorporates changes resulting from the Informal Dispute Resolution (IDR) process. 16.03.11.075.09 Protection from Abuse and MM177 10/2/08 MM177 Restraint Protection from Abuse and Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). This Rule is not met as evidenced by: RECEIVED Refer to W122, W153, W154, and W157. NOV 1 0 2008 MM196 16.03.11.075.10(c) Consent of Parent or MM196 Guardian FACILITY STANDARDS Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263. MM197 16.03.11.075.10(d) Written Plans MM197 Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.

Bureau of Facility Standards

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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Bureau of Facility Standards (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING B. WING _ 08/29/2008 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH IDAUG STATE SCUCOL AND HOSPITAL

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| MM212 | Continued From page 1 | MM212 | | |
| MM212 | 16.03.11.075.17(a) Maximize Developmental Potential | MM212 | | 11/1/08 |
| | The treatment, services, and habilitation for each resident must be designed to maximize the developmental potential of the resident and must be provided in the setting that is least restrictive of the resident's personal liberties; and This Rule is not met as evidenced by: Refer to W249. | | | |
| MM520 | 16.03.11.200.03(a) Establishing and Implementing polices | MM520 | | 10/2/08 |
| | The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W102 and W104. | | | |
| MM537 | 16.03.11.210.01(b) Documentary Evidence | MM537 | | 10/2/08 |
| | Documentary evidence of the resident's progress and of his response to his habilitation program; This Rule is not met as evidenced by: Refer to W111. | | | To a Control of the C |
| MM725 | 16.03.11.270.01(b) QMRP | MM725 | | 10/2/08 |
| | The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and | | | |
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| MM725 | Continued From pa | age 2 | | MM725 | | | |
| | initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by: Refer to W159. | | | | | | |
| MM729 | 29 16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227. | | | MM729 | | | 11/1/08 |
| | | | | | | | |
| MM730 | 16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Refer to W214. | | rognostic | MM730 | | | 11/1/08 |
| | | | | | | *************************************** | |
| MM735 | 16.03.11.270.02 H | ealth Services | | MM735 | | | |
| | assures that each brought to the atter physician and that occurs relative to the services which assiplanned health services are made available must be provided a | rovide a mechanism resident's health prol ntion of a licensed nu evaluation and follow hese problems. In additionation and to the problems are to each resident as as follows: | olems are irse or /-up Idition, and nd diets | | | | |

Refer to W318 and W322.

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Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/SU | | | (X2) MULT A. BUILDIN | | | B) DATE SURVEY COMPLETED | |
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| MM855 | Continued From pa | ige 3 | | MM855 . | | | |
| MM855 | 16.03.11.270.08(c) Record | Training and Habilita | ation | MM855 | | | 11/1/08 |
| | habilitation record f by and available to staff which shows e | | tation nd | | | | |
| MM861 | 16.03.11.270.08(f)(| iii) Periodic Review | | MM861 | | | 11/1/08 |
| | | eview of each individu modifications or adju | | | | | |
| | This Rule is not me Refer to W260. | et as evidenced by: | | | | | |
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Plan of Correction for 8-29-08 Survey

TAG #W214

Corrective action for examples:

- 1. Client #4 had not eloped for 8 months prior to 5/3/08. Although he did have a couple of elopements as noted in the survey report, they were minor in nature and none have occurred since 7/8/08. The activity schedule will be revised to reflect his current status, and his CFA will be reviewed and updated to ensure that it is accurate.
- 2. Individual #13 was assessed with the Carich-Adkerson Sex Offender Risk Assessment Scale and the Vermont Assessment of Sex-Offender Risk on 8/28/08. These assessments include such details as sexual intrusiveness, use of force, and amenability to treatment.
- 3. The functional assessment of Individual #1's elopement behavior will be updated to accurately reflect her behavior as separating to calm. While staff were not able to locate her in the investigated incident, typically she is within the vision of staff when she leaves. The function of this behavior will be documented in her chart more accurately.

Action for all potentially affected clients:

- 1. Treatment teams will audit CFAs and update to ensure that all are current.
- 2. The Clinical Supervisor will be trained to ensure that current functional assessments or analyses are completed for all targeted behaviors. Current will be defined as 1 year or less.

Monitoring to ensure deficient practice does not recur:

The Clinical Supervisor and/or Assistant Program Director will review all BSPs. Part of this process will be to ensure that functional assessments have been completed and are current.

Date when corrective action will be complete: 11/1/08

TAG #W227

Corrective action for examples:

- 1. The activity schedule and CFA of client #4 will be modified to reflect current status.
- 2. The sleep criterion will be deleted from Individual #3's BSP as it is not a valid measurement of the effectiveness of the medication. The med criteria (monitoring his sleep) for increase and decrease was for Depakote and Abilify which are both being used to treat his Schizoaffective Disorder Bipolar Type. They treat mania which is measured by the Young Mania Rating Scale and the criterion for medication change is tied to the score on that scale.
- 3. The team reviewed Individual #12 and her PCP, BSP, CFA, Intervention History, and interviewed staff who have worked with Individual #12. They found nothing to suggest that she engages in masturbation inappropriate to time and place, masturbation with objects, or masturbation to the point of injury. The one person quoted as saying that this client aggressively masturbates based that remark on one incident that she observed and attributed to masturbation over a year ago. It is uncertain whether this was actually masturbation. In any event, one observed instance does not constitute a history.
- 4. The Behavior Reporting Form for Individual #1 will be changed and staff will be trained to correctly identify elopement. By program definition, Individual #1 is not eloping; she is separating herself to calm down. Staff had been misidentifying her going out in the yard or to the other end of the building as elopement.

Action for all potentially affected clients:

QMRPs will be retrained to review for newly emerging or returning behaviors and will be given criterion to ensure appropriate prioritization of training objectives.

Monitoring to ensure deficient practice does not recur:

The Q's will review the SER and Minor Event reports monthly for patterns and consideration for the need to develop a new objective.

Date when corrective action will be completed: 11/1/08

TAG #W234

Corrective action for examples:

- 1. The CFA will be updated to reflect the current status which negates the need for an objective in this area for Individual #4.
- 2. The team reviewed Individual #12 and her PCP, BSP, CFA, Intervention History, and interviewed staff who have worked with Individual #12. They could find nothing to suggest that she engages in masturbation inappropriate to time and place, masturbation with objects, or masturbation to the point of injury. The one person quoted as saying that this client aggressively masturbates based that remark on one incident that she observed and attributed to masturbation over a year ago. It is uncertain whether this was actually masturbation. In any event, one observed instance does not constitute a history and the development of an objective for masturbation is not appropriate. Medical assessments will be completed, however, to assist in determining the cause of the bleeding.
- 3. The BRF and PCP for Individual #1's behavior will be updated to clearly define the behavior as escape rather than elopement with corresponding instructions to staff.

Action for all potentially affected clients:

See action for W227. Programs will be developed for any newly developed objectives.

Monitoring to ensure deficient practice does not recur:

The Performance Improvement Department will review 25% of the programs to ensure instructions to staff are adequate.

Date when corrective action will be completed: 11/01/08

TAG #W249

Corrective action for examples:

Counseling will be resumed with Individual #2, even if it's only a few minutes per session because of his short attention span. Sessions will expand based on Individual #2's ability to tolerate.

Action taken for all potentially affected clients:

Training will be provided for QMRPs on the need to ensure that all objectives and services are included on the monthly monitoring sheet and are implemented with sufficient frequency.

Monitoring to ensure deficient practice does not recur:

- 1. The Program Director or Assistant Program Director will verify that all QMRP reviews are completed and a sample will be reviewed for thoroughness each month.
- 2. The Performance Improvement Department will review at least 25% of the QMRP reports to ensure that they address implementation of both objective-based and service-based programs.

Date when corrective action will be completed: 11/1/08

TAG #W260

Corrective action for examples.

- 1. Proper documentation of Individual #2's discontinuation of school services for nonattendance will be entered in his chart.
- 2. The QMRP's report to surveyors when interviewed was erroneous. The social skills program was discontinued prior to Individual #2 moving to Aspen, and is so noted in the March QMRP narrative completed by the previous QMRP. However, it was not marked off in the PCP, but that has been corrected. Aspen did add a T-14 Participation program in July which updated the service program for participation which addresses Individual #2's needs.
- 3. Individual #1's counseling plan will be updated to reflect current status.

Action taken for all potentially affected clients:

- 1. All school correspondence will be filed in the client's chart and also documentation of the receipt of this correspondence will be documented in the QMRP monthly narrative.
- 2. Goal Coordinators will review all plans and ensure that they reflect the current status of the client. Revisions will be made as needed.

Monitoring to ensure deficient practice does not recur:

- 1. Changes in school and WITCO status will be added to the QMRP's monthly checklist.
- 2. The Performance Improvement Department will check for continuity of program implementation when a client transfers from one client service unit to another.

Date when corrective action will be completed: 11/1/08

TAG #W312

Corrective action for examples.

- 1. The sleep criterion will be deleted from Individual #3's BSP as it was not a valid measurement of the effectiveness of the medication. The med criteria (monitoring his sleep) for increase and decrease was for Depakote and Abilify which are both being used to treat his Schizoaffective Disorder Bipolar Type. They treat mania which is measured by the Young Mania Rating Scale and the criterion for medication change is tied to the score on that scale.
- 2. The instructions for staff about the conditions under which they should request a PRN chemical restraint for Individual #5 were in his BSP staff intervention plan dated 1/25/08. They are also being modified for clarity.

POC for 8/29/08 Survey Page 4 of 4

Action taken for all potentially affected clients:

Goals managers have been asked to review their programs to ensure that all psychotropic medications that are being used are included in the PCP.

Monitoring to ensure deficient practice does not recur:

Pharmacy will provide a list of all psychotropic medications that are being used to the Clinical Supervisor, updated monthly. New medications will be reflected on the list. The Clinical Supervisor will use this list to ensure that all medications are included in the client PCPs.

Date when corrective action was completed: 11/1/08